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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

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State

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

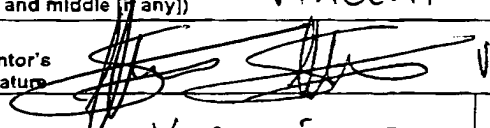
Given Name  
(first and middle (if any))

Vincent

Family Name  
or Surname

SEBİLEAU

Inventor's  
Signature

 Vincent Seblau

Date 15. Oct. 02

Residence: City

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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name  
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Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

RECORDATION FORM COVER SHEET  
PATENTS ONLY

Tab settings 0 0 0 ▼

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

VINCENT SEBILEAU

Additional name(s) of conveying party(ies) attached? ☐ Yes ☐ No

2. Name and address of receiving party(ies)

Name: USPTO

Internal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: WASHINGTON DC State: USA ZIP: 20231

Additional name(s) & address(es) attached? ☐ Yes ☐ No

3. Nature of conveyance:

☐ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☒ Other answer to notification of defective response mailed 02/21/2003

Execution Date: \_\_\_\_\_

4. Application number(s) or patent number(s): 09/719,464

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Vincent SEBILEAU

Internal Address: \_\_\_\_\_

Street Address: 4 avenue de Triel

City: VERNONVILLE State: FRANCE ZIP: 77540

6. Total number of applications and patents involved: [ ]

7. Total fee (37 CFR 3.41).....\$

☐ Enclosed

☐ Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

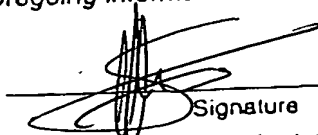
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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true and original document.

Vincent SEBILEAU

Name of Person Signing



Signature

15 March 03

Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to: